ARIZONA STATE BOARD OF HEALTH must be made for each, and the number of each BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTI Registered N STANDARD CERTIFICATE OF BIRTH District or Township. (If marth occurred in a Cospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed. 3. Sex of Child 4. Twin, triplet or other. To be answered ONLY 6. Legitimate? in event of plural of birth. births. 5. No., in order of birth. Month 14. Full maiden name 9. Residence 15. Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race SEPARATE order of bir 11. Age at last birthday. 12. Birthplace (city or place) 18. Birthplace (city or state (State or country) (State or country) ¢ 13. Occupation 19. Occupation Nature of industry Nature of industry 20. Number of children of this mother. (a) Born alive and now living-21. Were precautions taken against oph-(b) Born alive but now dead. thalmia neonatorum. (Taken as of time of birth of child herein certified and including this child). (c) Stillborn ... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \* I hereby certify that I attended the birth of this child, who was on the date above stated. \* When there was no attending physician Signature. or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report. Address Month, day, year Registrar.

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